

6. HOPWA Performance Plan in Support of Housing for Persons with HIV/AIDS

The following material is excerpted from the Formula Application for the Housing Opportunities for Persons with AIDS (HOPWA) Grant. Application text addressing the jurisdictions outside the District of Columbia is contained in Appendix C.

FORMULA APPLICATION FOR THE HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) GRANT

**Federal Fiscal Year 2003
DC HOPWA FY 02/Year 11**

1st DRAFT – February 13, 2002

**APPLICANT:
THE DISTRICT OF COLUMBIA**

On behalf of the

**Washington, D.C. Eligible Metropolitan Statistical Area (EMSA)
Which includes: District of Columbia, Suburban Maryland,
Suburban Virginia, and Suburban West Virginia**

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PART I. EMSA SUMMARY

EMSA Overview

The Metropolitan Washington DC Eligible Metropolitan Statistical Area (EMSA) encompasses segments of three States (Suburban Maryland, Suburban Virginia and Suburban West Virginia), 18 counties, numerous cities, urban, suburban and rural areas and the District of Columbia. The District of Columbia Department of Health (DOH), HIV/AIDS Administration (HAA) serves as the Regional Grantee and Project Sponsor for the District of Columbia. HAA sub-grants to Project Sponsors in suburban jurisdictions that in turn sub-contract with local service providers. Demographically, the EMSA contains ethnic, racial and linguistically diverse inner cities and sparsely populated conservative rural areas.

In Suburban Maryland, Prince George's County Department of Housing and Community Development (PGDHCD) is the Project Sponsor responsible for activities in Calvert, Charles, Frederick, Montgomery, and Prince George's Counties. The Northern Virginia Regional Commission (NVRC) is the Project Sponsor for Suburban Virginia responsible for activities in the Counties of Arlington, Clarke, Culpeper, Fairfax, Fauquier, King George, Loudoun, Prince William, Spotsylvania, Stafford, and Warren. NVRC's responsibility also includes the cities of Alexandria, Culpeper, Fairfax, Falls Church, Fredericksburg, Manassas, and Manassas Park. In Suburban West Virginia, the AIDS Network of the Tri-State Area (ANTS) a non-profit community-based organization is the Project Sponsor responsible for both Berkeley and Jefferson Counties.

The total HOPWA formula grant for the Washington, D.C. EMSA Year 11 or Federal FY 2003 Action Plan is \$8,721,000. A formula based on the cumulative number of reported AIDS cases is used for the distribution of funds to each jurisdiction and a .4% contribution from the District of Columbia to Suburban West Virginia. The HOPWA allocation for Year 11 will be distributed as follows:

DC	56.6%	\$4,788,000 -- includes \$345,526 Administrative Cap
MD	24.8%	\$2,097,927 -- includes \$151,396 Administrative Cap
VA	17.6%	\$1,488,850 -- includes \$107,443 Administrative Cap
<u>WVA</u>	<u>1%</u>	<u>\$ 84,593</u> -- includes \$ 6,105 Administrative Cap
Sub-total	100%	\$8,459,370
+ Regional Grantee off the top \$261,630 (3%)		
EMSA	Total	\$8,721,000

The District's .4% contribution to West Virginia is necessary to prevent this jurisdiction from receiving less than 1% of the HOPWA grant. HOPWA regulations and guidance indicate that funding for EMSA's administrative charges are limited to 10% (872,100) of the total grant award. Three percent (3%) or \$261,630 off the top leaves \$610,470 or 7% of the total award for proportional distribution of administrative dollars to the jurisdictions. As such, the 7% allocation for the administration of the grant in each jurisdiction is inclusive of indirect costs for both suburban administrative agencies and service providers.

The AIDS Surveillance data reported through December 31, 1999 indicates that the EMSA has a cumulative AIDS case total of 21,351 with 10,024 currently reported as living with AIDS. Funds allocated for Year 11 will be used to continue the existing client caseload and enhance capacity.

B. EMSA Grantee Policy and Priorities

The DC Department of Health, HIV/AIDS Administration is the EMSA Regional HOPWA Grantee. The Policy and priorities guiding the planning and implementation of HOPWA services are:

1. Implementation of the EMSA's Strategic Spending Plan 2000 – 2004
2. Establish a diversified housing continuum of care through program development and access to non-AIDS specific housing resources;
3. Increase participation, collaboration and leveraging with Ryan White, local DHCD Block Grant, mental health, and substance abuse programs;
4. Improved reporting and client tracking;
5. Empower clients toward self-sufficiency through vocational and/or other rehabilitation;
6. Provide housing information and referral;
7. Direct all major rehabilitation, repair and acquisition projects to target local CDBG, HOME and ESG grants for funding. HOPWA funding will be used on a small scale and/or as the funding of last resort for rehabilitation, repair and acquisition projects; and
8. Establish housing plans and method to transition clients who are willing and able off assisted housing subsidies within a 30-month period.

C. EMSA-wide Action Plan Table FY 2003

HOPWA Eligible Activity	General Location of Service Provision	Number of People to be Served	Costs
1. Housing Information Services <i>24 CFR 574.300.b.1</i>	DC, Suburban MD	1,823	\$230,896
2. Resource Identification - <i>24 CFR 574.300.b.2</i>			\$5,000
3. Acquisition, Rehabilitation, Conversion, Lease, and Repair of Facilities - <i>24 CFR 574.300.b.3</i>			
4. New Construction – <i>24 CFR 574.300.b.4</i>			
5a. Project - based Rental Assistance – <i>24 CFR 574.300.b.5</i>	DC	400	\$400,000
5b. Tenant-based Rental Assistance – <i>24 CFR 574.300.b.5</i>	EMSA-wide	524	\$5,319,577
1. Short-term rent, Mortgage, and Utility payments - <i>24 CFR 574.300.b.6</i>	EMSA-wide	835	\$957,533
7. Supportive Services - <i>24 CFR 574.300.b.7</i>	VA, DC, WVA	553	\$384,125
8. Operating Costs - <i>24 CFR 574.300.b.8</i>	DC, Northern VA	12	\$451,769
9. Technical Assistance - <i>24 CFR 574.300.b.9</i>	DC		\$100,000
10a. Admin. Expenses - 7% cap – <i>24 CFR 574.300.b.10</i>	EMSA-wide		\$610,470
10b. Admin. Expenses - Grantee 3% off the top – <i>24 CFR 574.300.b.10</i>	DC		\$261,630
TOTAL		4,147	\$8,721,000

PART II. 2003 ACTION PLANS

District of Columbia

1. Jurisdiction Summary

The District of Columbia is a jurisdiction that consists of 10 square miles, eight wards and diverse neighborhoods. AIDS cases reported through December 31, 2000, surveillance data indicates that the District has a cumulative AIDS total of 13,040, with 6,649 currently reported as living with AIDS. HIV infections are believed to be higher than reported AIDS cases. In fact, residents of the District of Columbia are disproportionately affected by the AIDS epidemic. District residents comprise .24% of the population nationwide, but 1.6% of the AIDS cases nationwide. Among the reported 13,040 alive AIDS cases 16% are white, 79% are Black and 4% are Hispanic. Reported AIDS cases comprise 77% adult males, 22% adult females and 1% are pediatric. While 89% of reported AIDS cases are among persons between the ages of 20 - 49, those 50 years and older represent 10% of reported AIDS cases.

In 1998, the HIV/AIDS Administration (HAA) funded the DC CARE Consortium to develop a five-year housing needs assessment. This assessment included the participation of Wurzbacher and Associates, human service consultants, AIDS Housing of Washington (AHW), the DC CARE Consortium, HAA Housing Division staff and a HIV/AIDS Housing Steering Committee. The HIV/AIDS Housing Steering Committee consisted of persons representing diverse populations and high-risk groups. However, the large majority of the membership comprised of persons living with HIV/AIDS in the District. The result of this yearlong effort was the completion of a "Five-Year Housing and Support Service Plan for People living with HIV/AIDS in the District of Columbia 1999-2004." This Five-Year Plan is an 80-page document that includes a preference survey of 501 individuals living with HIV/AIDS, stakeholder interviews and a detailed analysis of the data created. The plan also presents recommendations on critical issues identified by persons living with HIV/AIDS and stakeholders for the enhancement of the HIV/AIDS housing service delivery system. The HAA Housing Program has implemented many of the recommendations proposed in this document such as centralizing the waiting list, bringing consistency to client access and enhancing client choice.

In addition to the "Five-Year Housing and Support Service Plan for People living with HIV/AIDS in the District of Columbia 1999-2004," HAA Housing Program staff regularly obtains feedback from the community regarding the need for HIV/AIDS housing services. The Mayor's Ryan White Title I Regional Planning Council meets monthly on the third Thursday providing a venue for the community to voice concerns about HIV/AIDS services including HIV/AIDS housing. On November 29 - December 1, 2001, HAA convened its first HIV/AIDS conference which included a breakout session on HIV/AIDS housing services for the Homeless. On January 25, 2002, HAA hosted an all Titles meeting for Ryan White Care Act programs operating in the District of Columbia and HIV/AIDS housing services was listed as a priority and broad goal for the group. Similarly, a community meeting titled "Solutions 2002" was held on January 25, 2002. During the Solutions 2002 community forum many activists and HIV positive individuals provided HAA staff with input regarding HIV/AIDS housing services in the District.

Further, as the Regional Grantee for the Ryan White Title I grant, the HIV/AIDS Administration (HAA) participates in the development of an annual need assessment. This assessment obtains input from current clients regarding the quality of service provisions throughout the ESMA, barriers to care, demographic data and gaps in service. Among the various items, the Ryan White needs assessment survey/questionnaire contains questions regarding housing services. Similarly, during alternate years

when focus groups are used, housing services are included in the dialogue. The results of this process are taken into account during the development of HOPWA allocations.

2. Methodology for Selecting Project Sponsors

Project sponsors are service providers contracted or granted HOPWA funding to provide eligible activities. In the District of Columbia project sponsors/service providers are selected through a competitive grant Request for Application (RFA) process. The HIV/AIDS Administration (HAA) will maintain continued funding for existing HOPWA tenant-based rental assistance slots. HAA is continuing its investigation to determine the feasibility of utilizing the Human Care Agreement procurement option to develop a system of selecting and certifying Community-Based Organizations (CBOs) as authorized providers. Likewise, HAA would then use master agreements or vouchers to acquire services as needed. It is HAA's intent to create a client-based methodology for service delivery to increase client choice, client tracking, and equity in access to services.

The grant monitors in the Grants and Contract Management Division at the HIV/AIDS Administration provide monitoring of HOPWA programs in the District of Columbia. Intra-governmental agreements with suburban jurisdictions, however, are monitored fiscally and programmatically by program staff in HAA's Health and Support Services Division. The HIV/AIDS Housing Coordinator in the Health and Support Services Division provides programmatic oversight for all HOPWA providers in the District of Columbia. Monitors conduct monthly reviews and desk audits of source documentation submitted with monthly reimbursement requests. In addition, monitors and program staff conduct regular onsite visits to assess the implementation of programs.

3. Housing Market Analysis

The Community Partnership (TCP), a non-profit entity funded by the DC Department of Human Services to provide services to the homeless population in the District of Columbia, developed the Strategic Plan for Homeless Continuum of Care Services in the District of Columbia: 2000 - 2004. In the plan, the gaps analysis as of January 2000 indicated that on any given day there are 9,460 persons homeless in the District of Columbia. The unmet need for HIV+ homeless individuals on any given day is estimated to be 281 slots for individuals and 248 slots for homeless families. Therefore the gaps analysis suggests that the total unmet need for HIV/AIDS housing services for the homeless is 529 slots. Approximately \$7 million dollars would be required in rental subsidies and other housing services to address this need. On the other hand, the current centralized waiting list for HIV/AIDS related housing has 150 families and individuals requesting long-term rental assistance. The HIV/AIDS Administration has funded 120 additional slots that should be available in March 2002.

4. District of Columbia – FY 2003 Action Plan

HOPWA Eligible Activity	General Location of Service Provision	Number of People to be Served	Costs
1. Housing Information Services <i>24 CFR 574.300.b.1</i>	District of Columbia	1,000	\$100,000
2. Resource Identification - <i>24 CFR 574.300.b.2</i>	District of Columbia		
3. Acquisition, Rehabilitation, Conversion, Lease, and Repair of Facilities - <i>24 CFR 574.300.b.3</i>	District of Columbia		
4. New Construction (for single room occupancy (SRO) dwellings and Community residences - <i>24 CFR 574.300.b.4</i>	District of Columbia		
5a. Project - based Rental Assistance - <i>24 CFR 574.300.b.5</i>	District of Columbia	400	\$400,000
5b. Tenant-based Rental Assistance - <i>24 CFR 574.300.b.5</i>	District of Columbia	230	\$2,800,000
6. Short-term rent, Mortgage, and Utility payments – <i>24 CFR 574.300.b.6</i>	District of Columbia	300	\$300,000
7. Supportive Services – <i>24 CFR 574.300.b.7</i>	District of Columbia	400	\$342,474
8. Operating Costs - <i>24 CFR 574.300.b.8</i>	District of Columbia		\$400,000
9. Technical Assistance – <i>24 CFR 574.300.b.9</i>	District of Columbia		\$100,000
10a. Admin. Expenses - 7% cap – <i>24 CFR 574.300.b.10</i>	District of Columbia		\$345,526
10b. Admin. Expenses – Grantee 3% off the top - <i>24 CFR 574.300.b.10</i>	District of Columbia		\$261,630
Total		2,330	\$5,049,630

4.A. Justification of Funding Allocations and Priorities Presented in Action Plan

Housing for Person's Living With AIDS (HOPWA) funds will enable the District of Columbia Department of Health HIV/AIDS Administration to offer housing information; tenant based rental assistance; short-term mortgage assistance, utility payments and support services relevant to housing those in need. At the same time, HOPWA funds will be used in conjunction with Ryan White Title I, Ryan White Title II, and District Appropriated dollars to establish a continuum of care, increase participation, track clients and improve programmatic reporting of housing services. Moreover, HOPWA funds will be utilized to enhance long-term stable housing via referrals to other housing programs such as Section 8.

4.B. Community Participation and Consultation

The HOPWA formula grant application serves a major component of the District's Consolidated Planning Process (CPP) administered by the Department of Housing and Community Development (DHCD). The CPP consists of several public hearings at which the community is afforded an opportunity to comment on proposed allocations. Currently, the Block Grant public hearings include all of the funding programs (i.e., CDBG, HOME, ESG and HOPWA). Generally, three public hearings on the Consolidated Plan are held by DHCD to allow community input. The HAA Housing Program Chief and the HIV/AIDS Housing Coordinator attends these meetings to obtain input from the community on the proposed HOPWA allocations. However, HAA Housing Program staff receives on-going input from the community, vendors, and clients throughout the year.

4.C. Major Goals Towards Implementing Action Plan.

Major goals and activities toward accomplishing the District of Columbia Department of Health HIV/AIDS Administration Action Plan include, but are not limited to:

- Provide 1000 units of housing information and referral services;
- Provide and maintain 230 tenant-based rental assistance slots;
- Provide 400 persons with supportive/transitional housing services;
- Provide 300 persons with short-term rent, mortgage and utility assistance; and
- Increasing the availability and/or utilization of support services for 400 persons.

5. *Alignment of Jurisdictional Priorities with EMSA Priorities*

The HIV/AIDS Administration authored the EMSA Priorities to bring the entire jurisdiction to a common goal albeit through different methodologies. Similarly, HAA worked closely with suburban jurisdictions to develop the Strategic Spending Plan for FY 2001 – 2004. The HOPWA eligible activities funded in the District of Columbia Action Plan Table will maintain and support the existing diverse housing continuum. Further, the HOPWA priorities of the District of Columbia are to eliminate the current waiting list, provide opportunities to empower clients to self sufficiency, provide housing information and referral, develop standardize program policies, and to develop a client-based reimbursement. All of these activities are inline with the EMSA Priorities.

6. *Institutional Structure*

The HIV/AIDS Administration (HAA) promotes the prevention of HIV/AIDS infection through risk reduction campaigns that take into consideration the unique and distinct ethnic and cultural make-up of persons living in the District of Columbia. HAA is under the DC Department of Health's Health Promotion cluster. The HIV/AIDS Administration has the following divisions: Administration, Operations, Finance, Data and Evaluation, Grants and Contract Management, Health and Support Services, Prevention, and Communication.

To access housing services all clients will be referred to the gatekeeper agency and will be assigned a case manager. The gatekeeper will provide housing information and referrals, maintain the centralized waiting list, provide comprehensive assessments, and will ensure that the client and his/her social worker establish a housing work plan. Likewise, the gatekeeper will link the client with the most appropriate type of housing assistance such as emergency assistance, short-term rent, mortgage and utility assistance, tenant-base rental assistance and supportive housing for clients that are not prepared for independent living. HAA is developing a continuum of housing services to assist clients at various stages in the HIV/AIDS disease progression. The goal of the HAA funded housing continuum is to stabilize clients and empower them toward self-sufficiency.

7. *Coordination*

Agencies in the District of Columbia responsible for housing persons with special needs have increased dialogue and information sharing. The Commission on Mental Health, Addiction Prevention Recovery Administration (APRA), DC Housing Authority, The Community Partnership for the Prevention of Homelessness (TCP), and the HIV/AIDS Administration have increased opportunities to exchange information, comment on strategic plans and discuss possible service collaborations. Likewise, within the HIV/AIDS Administration program staff responsible for the administration of HOPWA, Ryan White Title I, and Ryan White Title II grant programs are under the Health and Support Service Division to

facilitate greater collaboration. Health and Support Services Division staff at HAA is working to increase the efficiency and effectiveness of HIV/AIDS service delivery system, program linkages and strategic planning.

Currently the HIV/AIDS Administration has established a grant agreement with the DC Housing Authority to provide Housing Quality Standards inspections for all HOPWA funded housing units. This collaborative effort will ensure that clients have quality housing. Similarly, HAA provides information to TCP in its efforts to identify the numbers of homeless persons assisted by housing programs in the District of Columbia.

8. Resource identification and leveraging of non-HOPWA Funds

The HAA Housing Program provides housing, support services and discharge planning activities. To acquire additional Shelter Plus Care (S+C) funding the Housing Division participates in the Homeless Continuum of Care application process administered by The Community Partnership (TCP). HAA Housing Program staff will continue efforts to establish an ongoing dialog with other District Government agencies providing special needs housing such as the Commission on Mental Health, Addition Prevention Recovery Administration (APRA), and TCP to enhance capacity and eliminate duplication of effort.

The HAA funded housing infrastructure is supported by \$1.2 million S+C dollars and \$1.455 million in DC Appropriated dollars. The S+C dollars do not provide adequate administrative, support service or operational dollars. HAA supports S+C grants with an annual match of 15% in HOPWA funds and DC Appropriated funds for indirect costs to augment these programs with support services and operational expenses.

Ryan White Care Act funding in the District of Columbia is distributed via a competitive grant application process. The majority of housing programs receive awards from these sources or link with other agencies and the AIDS Drug Assistance Program (ADAP) to provide support services. In regards to CDBG, HOME, and ESG grants, HAA does not have direct access to these funds to leverage with HOPWA funding. However, DHCD staff has met with District of Columbia agencies that provide special needs housing to discuss how to enhance strategic planning.